MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019588**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		1		/			52							
3		2		/			53							
4		2		/.			54							
5				/			55							
6				/			56							
7				/			57							
8				/			58							
9				/			59							
10				/			60							
11				/			61							
12				/.			62							
13				/			63							
14				/			64							
15	/			/.			65							
16				/			66							
17				/			67							
18				/			68							
19				/			69							
20				/			70							
21				/			71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26				/			76							
27				/			77							
28				/			78							
29				/-			79							
30				/			80							
31				/			81							
32				/.			82							
33				/			83							
34				/.			84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/		/				TOTAL IND.							
TOTAL DEP.	92		31				TOTAL DEP.							
TOTAL CLAIMS	23		32				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

ORM PTO-1360 (REV. 3-78)

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